



OFFICE OF THE BUILDING OFFICIAL

Town Of Stonington
152 Elm Street
Stonington, Connecticut 06378
(860) 535-5075 • Fax (860) 535 - 1023

APPLICATION FOR WOOD/COAL HEATER INSTALLATION

Date: _____ Permit #: _____

Name of Property Owner: _____

Address: _____ Phone: _____

Name of Dealer/Installer: _____ Phone: _____

Address: _____ Phone: _____

Cost: _____ Signature: _____

SPECIFICATIONS OF HEATER

Manufacturer: _____ Address: _____

Model of Heater: (box, parlor, etc.) _____

Type of Fuel: (wood or coal) _____ Heating Capacity (Btu's or Cubic Feet) _____

TYPE OF CHIMNEY

Masonry: Flue: Lined _____ Unlined: _____

Metal: Single Wall: _____ Multiple Wall: _____ Gauge: (24 min.) _____

Floor Protection (2 hr. required) Masonry: _____ Other: _____

Certifying Agency (U.L. etc) _____

Date Installed: _____ Date Inspected: _____

Approved: _____ Date: _____

Deficiencies: _____
